

DMR Copy of Record

Permit

Permit #:

Major:	Yes	No
1. <input type="checkbox"/> Yes		
2. <input type="checkbox"/> No		

Permittee:

Permittee Address:

Attn:

Facility:**Facility Location:**

Attn:

Permitted Feature:

Discharge:

Report Dates & Status

Monitoring Period: From // - From // to To // - //

DMR Due Date:

11-11

Status:

Considerations for Form Completion

Principal Executive Officer

First Name:

Title:

Telephone:

Last Name:

No Data Indicator (NODI)

Form NODI: --

[illegible]

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

[Edit Check Errors](#)

				Parameter		Name	Monitoring Location	Field	Type	Description	Acknowledge
				Code							
-	Soft	(Error Code:)	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. (Error Code:)								
		(Error Code:)	You have selected units that are different from the units established by your Regulatory Authority. Please contact your Regulatory Authority to discuss the selection of any alternative units. (Error Code:)				Yes				

No errors.

Comments

Attachments

Name	Type	Size
------	------	------

 No attachments.

Report Last Saved By

User:

Name:

E-Mail:

Date/Time: (Time Zone:)

Report Last Signed By

User:

Name:

E-Mail:

Date/Time: (Time Zone:)